

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 2/18/07 Signature: (Ginny Blundell)

IFW
Docket No.: 103514-0011-103
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Eliaz Babaev

Application No.: 10/815,384

Confirmation No.: 7585

Filed: April 1, 2004

Art Unit: 3742

For: ULTRASONIC METHOD AND DEVICE
FOR WOUND TREATMENT

Examiner: Not Yet Assigned

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (IDS)

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Pursuant to 37 CFR 1.56, 1.97 and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached PTO/SB/08. It is respectfully requested that the information be expressly considered during the prosecution of this application, and that the references be made of record therein and appear among the "References Cited" on any patent to issue therefrom.

This Supplemental Information Disclosure Statement is filed before the mailing date of a first Office Action on the merits as far as is known to the undersigned (37 CFR 1.97(b)(3)).

In accordance with 37 CFR 1.98(a)(2)(ii), Applicant has not submitted a copy of U.S. patent.

In accordance with 37 CFR 1.97(g), the filing of this Supplemental Information Disclosure Statement shall not be construed to mean that a search has been made or that no other material information as defined in 37 CFR 1.56(a) exists. In accordance with 37 CFR 1.97(h), the filing of

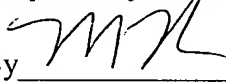
this Supplemental Information Disclosure Statement shall not be construed to be an admission that any patent, publication or other information referred to therein is "prior art" for this invention unless specifically designated as such.

It is submitted that the Supplemental Information Disclosure Statement is in compliance with 37 CFR 1.98 and the Examiner is respectfully requested to consider the listed reference.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 18-1945, under Order No. 103514-0011-103.

Dated: 2-8-07

Respectfully submitted,

By 

Melissa S. Rones, Ph.D.

Registration No.: 54,408

FISH & NEAVE IP GROUP, ROPES & GRAY
LLP

One International Place
Boston, Massachusetts 02110-2624
(617) 951-7000
(617) 951-7050 (Fax)
Attorneys/Agents For Applicant



PTO/SB/08A/B (07-06)

APPROVED FOR USE THROUGH 09/30/2006. OMB 0651-0031

U.S. PATENT AND TRADEMARK OFFICE; U.S. DEPARTMENT OF COMMERCE

UNDER THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT CONTAINS A VALID OMB CONTROL NUMBER.

INFORMATION DISCLOSURE STATEMENT BY APPLICANT (USE AS MANY SHEETS AS NECESSARY)				COMPLETE IF KNOWN	
				APPLICATION NUMBER	10/815,384
				FILING DATE	APRIL 1, 2004
				FIRST NAMED INVENTOR	EILAZ BABAEV
				ART UNIT	3742
				EXAMINER NAME	NOT YET ASSIGNED
SHEET	1	OF	1	ATTORNEY DOCKET NUMBER	103514-0011-103

U.S. PATENT DOCUMENTS					
EXAMINER INITIALS*	CITE NO. ¹	DOCUMENT NUMBER	PUBLICATION DATE MM-DD-YYYY	NAME OF PATENTEE OR APPLICANT OF CITED DOCUMENT	PAGES, COLUMNS, LINES, WHERE RELEVANT PASSAGES OR RELEVANT FIGURES APPEAR
		NUMBER-KIND CODE ² (IF KNOWN)			
	AK	4,414.202	11/1983	SILVETTI, ANTHONY N.	

FOREIGN PATENT DOCUMENTS						
EXAMINER INITIALS*	CITE NO. ¹	FOREIGN PATENT DOCUMENT	PUBLICATION DATE MM-DD-YYYY	NAME OF PATENTEE OR APPLICANT OF CITED DOCUMENT	PAGES, COLUMNS, LINES, WHERE RELEVANT PASSAGES OR RELEVANT FIGURES APPEAR	T ⁶
		COUNTRY CODE ³ -NUMBER ⁴ -KIND CODE ⁵ (IF KNOWN)				

*EXAMINER: INITIAL IF REFERENCE CONSIDERED, WHETHER OR NOT CITATION IS IN CONFORMANCE WITH MPEP 609. DRAW LINE THROUGH CITATION IF NOT IN CONFORMANCE AND NOT CONSIDERED. INCLUDE COPY OF THIS FORM WITH NEXT COMMUNICATION TO APPLICANT. * CITE NO.: THOSE APPLICATION(S) WHICH ARE MARKED WITH AN SINGLE ASTERISK (*) NEXT TO THE CITE NO. ARE NOT SUPPLIED (UNDER 37 CFR 1.98(A)(2)(III)) BECAUSE THAT APPLICATION WAS FILED AFTER JUNE 30, 2003 OR IS AVAILABLE IN THE IFW. ¹ APPLICANT'S UNIQUE CITATION DESIGNATION NUMBER (OPTIONAL). ² SEE KINDS CODES OF USPTO PATENT DOCUMENTS AT WWW.USPTO.GOV OR MPEP 901.04. ³ ENTER OFFICE THAT ISSUED THE DOCUMENT, BY THE TWO-LETTER CODE (WIPO STANDARD ST.3). ⁴ FOR JAPANESE PATENT DOCUMENTS, THE INDICATION OF THE YEAR OF THE REIGN OF THE EMPEROR MUST PRECEDE THE SERIAL NUMBER OF THE PATENT DOCUMENT. ⁵ KIND OF DOCUMENT BY THE APPROPRIATE SYMBOLS AS INDICATED ON THE DOCUMENT UNDER WIPO STANDARD ST.16 IF POSSIBLE. ⁶ APPLICANT IS TO PLACE A CHECK MARK HERE IF ENGLISH LANGUAGE TRANSLATION IS ATTACHED.

NON PATENT LITERATURE DOCUMENTS			
EXAMINER INITIALS*	CITE NO. ¹	INCLUDE NAME OF THE AUTHOR (IN CAPITAL LETTERS), TITLE OF THE ARTICLE (WHEN APPROPRIATE), TITLE OF THE ITEM (BOOK, MAGAZINE, JOURNAL, SERIAL, SYMPOSIUM, CATALOG, ETC.), DATE, PAGE(S), VOLUME-ISSUE NUMBER(S), PUBLISHER, CITY AND/OR COUNTRY WHERE PUBLISHED.	T ²

*EXAMINER: INITIAL IF REFERENCE CONSIDERED, WHETHER OR NOT CITATION IS IN CONFORMANCE WITH MPEP 609. DRAW LINE THROUGH CITATION IF NOT IN CONFORMANCE AND NOT CONSIDERED. INCLUDE COPY OF THIS FORM WITH NEXT COMMUNICATION TO APPLICANT.

¹ APPLICANT'S UNIQUE CITATION DESIGNATION NUMBER (OPTIONAL). ² APPLICANT IS TO PLACE A CHECK MARK HERE IF ENGLISH LANGUAGE TRANSLATION IS ATTACHED.

EXAMINER SIGNATURE		DATE CONSIDERED	
--------------------	--	-----------------	--



Application No. (if known): 10/815,384

Attorney Docket No.: 103514-0011-103


Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on

2/8/07
Date



Signature

Ginny Blundell

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 951-7000
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

IDS by Applicant (1 Reference) (1 page)